OFFICIAL FILE ULLINOIS COMMERCE COMMISSION FORMAL COMPLAINT

For Commission Use Only:

Case: 4-024

7664 MAR 1 | Allifulis Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62781 ORIGINAL.

Regarding a complaint by (Person making the complaint): $\overline{\mathcal{J}AMES}$ A $REDM$	10ND
Against (Utility name): Commonwealth Edusin	
Against (Utility name): Commonwealth Edison As to (Reason for complaint) Billing dispute	
•	
in Indian Head Park	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 125 Acacia Cir. Unit III In	dian Head Park I
The service address that I am complaining about is	
My hame telephone is [768] 246-8076	
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at []	
(Full name of utility company) Commonwealth Eduan (respond to the provisions of the Illinois Public Utilities Act.	lent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved w	vith your complaint.
Administration Code Part 280	
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	₽ Yes No
Has your complaint filed with that office been closed?	Yes Vo

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
China street in paper in resource.
Commonwealth Edwar has refused to provide documents to
down it for morning august, suspean of providing
downuto Edeson has shut If my electric server
twice while continuing to threatened further disconnect
unless I pay enterest on the disputed bill. Effort to
excelate this complaint to Edison's mid-management were
blacked Teld all & All C + 10 12 2
blocked. Telephone calls to John Costello, V.P Customer Service
and Phylis Batson, Director, Customer Beauce were not returne,
Please clearly state what you want the Commission to do in this case:
Conduct hearing to decide infut amount of enterest,
any is and.
Date: Marka 2004 Compleinant's Signature James U. Redwood
(Month, day, year)
If an attorney will represent you, please give the attorney's name. address, and telephone number.
IT an attorney will represent you, please give the attorney 5 hands, and telephone hamber.
to the state of th
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
TAMES A. REDMOND first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.
(Signature) James A. Klamored
Subscribed and sworn/affirmed to before me on (month, day, year) Nach 2, 207
Derror Land I land
Notary Public, Illinois "OFFICIAL SEAL" DEPORAH ANN MHITE
Notary Public, minutes DEBORAH ANN WHITE Notary Public, State of Illinois
My Commission Expires 9-16-2005 \
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call

the counselor in the Consumer Services Division that handled your informal complaint.